

# L17000245739

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600316141876

07/31/18 11:01:11 AM

FILED

2018 AUG 30 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D BRUCE  
AUG 31 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2018

VINCENT CELENTANO  
2688 NW 29TH TERRANCE, BLDG. 13  
OAKLAND PARK, FL 33311

SUBJECT: BASALT AMERICA TERRITORY 2, LLC  
Ref. Number: L17000245739

We have received your document for BASALT AMERICA TERRITORY 2, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 018A00016143

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 AUG 30 PM 2:20

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BASALT AMERICA TERRITORY 2, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VINCENT CELENTANO

Name of Person

PAYMED, INC

Firm/Company

2688 NW 29TH TERRACE, BLDG 13

Address

OAKLAND PARK, FL 33311

City/State and Zip Code

VINCENT@basaltamerica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT CELENTANO

Name of Person

at ( 954 ) 234 0520

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2018 AUG 30 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BASALT AMERICA TERRITORY 2, LLC
2. (a) 2688 NW 29TH TERR (b) 2688 NW 29TH TERR  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
BLDG 13 BLDG 13  
CARLAND PARK, FL. 33311 CARLAND PARK, FL. 33311
3. 11/30/2017 4. L 170000245739  
Date of filing/registration in Florida Document number
5. (a) CESPEDES, EDWARD A  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2688 NW 29TH TERRACE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
BLDG 13  
CARLAND PARK FL 33311
- (b) PAYMED, INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
2688 NW 29TH TERRACE  
NEW Registered Office Address:  
BLDG 13  
CARLAND PARK FL 33311

FILED  
2018 AUG 30 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vincent L. Celestano  
900 Hillsboro Mile  
Suite 1  
Hillsboro Bch., FL 336

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature]  
Signature of a member or authorized representative of a member

VINCENT L. CELESTANO  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature]  
Signature of Registered Agent

V. CELESTANO, CEO PAYMED, INC.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00